MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09215

09215 CERTIFICATE OF DEATH

Reg. Dist. No. 57

MARGIN RESERVED FOR BINDING

PLEASE WHITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Calvert
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Prince Frederick
LENGTH OF STAY (in this place) 9 hr. 15 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Huntingtown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Sharon (Middle) Marie (Last) Adams

4. DATE OF DEATH: (Month) October (Day) 20 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: August 10 1954

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months 2 Days | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Adams

14. MOTHER'S MAIDEN NAME: Rosetta Dixon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Rosetta Dixon - Huntingtown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

493 X

Immediate cause (a) Pneumonia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/15, 1954, to 10/20, 1954, that I last saw the deceased alive on 10/18, 1954, and that death occurred at , from the causes and on the date stated above.

SIGNATURE J. A. Weems (Degree or title) MD ADDRESS Huntingtown DATE SIGNED 10/20/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 10-21-54

NAME OF CEMETERY OR CREMATORY St Edmonds

LOCATION (City, town, or county) (State) Calvert Co. Md.

DATE REC'D BY LOCAL REGISTRAR 10-21-54

REGISTRAR'S SIGNATURE A. W. Ward

24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Pr. Fred. Md.

2084181425

RECEIVED
OCT 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09216

09216 **CERTIFICATE OF DEATH** Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co., Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Solomons (rural)
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Margaret E. Carroll
4. DATE OF DEATH: (Month) (Day) (Year) Oct. 6, 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W
8. DATE OF BIRTH: Aug. ? 1870
9. AGE last birthday 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Calvert Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Cullumber
14. MOTHER'S MAIDEN NAME: ? Catterton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT & ADDRESS: Archie Carroll - Solomons, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 IMMEDIATE CAUSE (A) — Coronary occlusion
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Malnutrition
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 2, 1954, to Oct 6, 1954, that I last saw the deceased alive on Oct 6, 1954, and that death occurred at 10:30 P M, from the causes and on the date stated above.

SIGNATURE R. Dr. Kellarmel M. D. ADDRESS St Leonard DATE SIGNED 10/7/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct. 9, 1954
NAME OF CEMETERY OR CREMATORY St. Paul's Cem.
LOCATION (City, town, or county) (State) Lusby - Calvert Co., Md

DATE REC'D BY LOCAL REGISTRAR 10-8-54
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR A. A. Harkness & Son - Mutual, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
OCT 15 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09217

09217

CERTIFICATE OF DEATH

Reg. Dist. No. 52

Item 9, FilmG173 11-12-54 et

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings
LENGTH OF STAY (in this place) x
HOSPITAL OR INSTITUTION OR STREET ADDRESS x

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings x
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Odew (Middle) C. (Last) Catterton

4. DATE OF DEATH: (Month) 10 (Day) 28 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Nov 19, 1877

9. AGE last birthday: 77 Yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Farming

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Calvert Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Catterton

14. MOTHER'S MAIDEN NAME: Eliza Gott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S ADDRESS: Mr. George Catterton, Owings Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral hemorrhage DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) repeated several times DUE TO

(c)

Interval between Onset And Death: 4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/1, 1954, to 10/28, 1954, that I last saw the deceased alive on 10/27, 1954, and that death occurred at 7 PM, from the causes and on the date stated above.

SIGNATURE Edward Owings (Degree or title) ADDRESS Md DATE SIGNED 10/28/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Oct 31, 1954

NAME OF CEMETERY OR CREMATORY Mt Harmony

LOCATION (City, town, or county) (State) Nr Owings Md

DATE REC'D BY LOCAL REGISTRAR Oct 30, 1954

REGISTRAR'S SIGNATURE Grace L Hutchins

24. FUNERAL DIRECTOR W. H. Hutchins ADDRESS Owings Md

RECEIVED
NOV 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09218

09218 **CERTIFICATE OF DEATH** Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olivett X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olivett X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) (Last) Cornish

4. DATE OF DEATH: (Month) 10 (Day) 8 (Year) 19 54

5. SEX: M | 6. COLOR OR RACE: C | 7. SINGLE, (MARRIED,) WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: 7-3-1914 | 9. AGE last birthday 40 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oyster Shucker | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Cornish | 14. MOTHER'S MAIDEN NAME: Mary E. Johnson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S ADDRESS: Amos Cornish Olivett, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

916.0

IMMEDIATE CAUSE (A) Asphyxia

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C) Drowned

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 10 8 54 8 M. | 21E. INJURY OCCURRED While at work ☐ Not while at work X | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to 8 Oct, 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 8 P M from the causes and on the date stated above.

SIGNATURE N. W. Ward M.D. ADDRESS Olivett Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 10-10-54 | NAME OF CEMETERY OR CREMATORY Eastern Chapel | LOCATION (City, town, or county) (State) Olivett Cal. Md

DATE REC'D BY LOCAL REGISTRAR 10.10.54 | REGISTRAR'S SIGNATURE N. W. Ward | 24. FUNERAL DIRECTOR AND ADDRESS P.E. Sewell. Prince Fred. Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 15 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09219

CERTIFICATE OF DEATH

0921

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby girl (Middle) Ferguson (Last)

4. DATE OF DEATH: (Month) 10 (Day) 6 (Year) 1954

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 9/23/54
9. AGE last birthday: 2 wks. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Ferguson
14. MOTHER'S MAIDEN NAME: Mary Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Edward Thomas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Suffication DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

924.0

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Found dead in bed

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Owings (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) 10 (Day) 54 (Year) 17A (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? Land Dam

22. I hereby certify that I attended the deceased from X, 19, to, 19, that I last saw the deceased alive on, 19, and that death occurred at 7 A.m., from the causes and on the date stated above.

SIGNATURE H. W. Ward (Degree or title) D. M. Z. ADDRESS Owings Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 10-7-54
NAME OF CEMETERY OR CREMATORY Mt Hope
LOCATION (City, town, or county) Sunderland (State) Md

DATE REC'D BY LOCAL REGISTRAR 10-6-54
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Pr. Fred, Md

2094192385

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 11 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (9220

09220 CERTIFICATE OF DEATH Reg. Dist. No. 2

1. PLACE OF DEATH:
COUNTY Calvert Co. Hospital MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co. Hosp. - Calvert Co. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert Co.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings, Md.
STREET ADDRESS (If rural give location) Owings, Md.

3. NAME OF DECEASED: (Type or Print) (First) Madeline (Middle) (Last) Gibson
4. DATE OF DEATH: (Month) October (Day) 21 (Year) 1954.
5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Apr. 28, 1900
9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): School Teacher
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Huntingtown Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joseph Gibson
14. MOTHER'S MAIDEN NAME: Hettie Trott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Miss Rachel Gibson, Owings Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebrovascular accident — Interval Between Onset And Death: 5 minutes.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis — 10 years.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Oct., 1954, to 21 Oct., 1954, that I last saw the deceased alive on 20 Oct., 1954, and that death occurred at 6 25 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John L. Hedeman M.D. Prince Frederick, Md. 22 Oct. 1954.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct 24, 1954
NAME OF CEMETERY OR CREMATORY Mt Harmony
LOCATION (City, town, or county) (State) Nr. Owings Md
DATE REC'D BY LOCAL REGISTRAR Oct 24, 1954
REGISTRAR'S SIGNATURE Grace L. Brinsfield
24. FUNERAL DIRECTOR W. H. Hutchins
ADDRESS Owings Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09221

09221 CERTIFICATE OF DEATH Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Calvert
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Pr. Frederick, MD
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunderland MD
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) (Last) Harvey

4. DATE OF DEATH: (Month) Oct (Day) 21 (Year) 1954

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 18, 1952

9. AGE last birthday: 2 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Duntick MD

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Howard Harvey

14. MOTHER'S MAIDEN NAME: Mary Thomas

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mary Thomas - Sunderland MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia Colon DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/12, 19 54, to 10/21, 19 54, that I last saw the deceased alive on 10/21, 19 54, and that death occurred at 8 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 10/22/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 10-23-54 NAME OF CEMETERY OR CREMATORY Halls Creek LOCATION (City, town, or county) Calvert (State) md

DATE REC'D BY LOCAL REGISTRAR 10-23-54 REGISTRAR'S SIGNATURE T. & W. Ward (M.D.)

24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Prince Fred, md.

OCT
EAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1207

CERTIFICATE OF DEATH

Reg. Dist. No. ....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Prince Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunderland
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (First) (Middle) (Last) Holland
4. DATE OF DEATH. (Month) (Day) (Year) 6 19..
5. SEX. Male
6. COLOR OR RACE. Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: October 26, 1954
9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min. 40
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Otis Holland
14. MOTHER'S MAIDEN NAME: Beatrice Rawlings
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Beatrice Holland - Sunderland Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

7710X
IMMEDIATE CAUSE (A) Prematurity
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 26 54, 19.., to Oct 26 54, 19.., that I last saw the deceased alive on Oct 26 54, 19.., and that death occurred at M, from the causes and on the date stated above.
SIGNATURE Otis Holland M. D.
ADDRESS 54 Leonard
DATE SIGNED Jan 21 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10/27/54
NAME OF CEMETERY OR CREMATORY Mt. Hope
LOCATION (City, town, or county) Calvert Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Otis Holland - Father
ADDRESS

2044 5140

FEB 7
PEAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09222

CERTIFICATE OF DEATH

09222

Item 9, FilmG172 11-5-54 et

Reg. Dist. No. 37

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chesapeake Beach
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chesapeake Beach
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Alberta (Middle) (Last) Jones

4. DATE OF DEATH: (Month) 10, (Day) 19, (Year) 1954

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, (MARRIED) WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Dec. 26-1895
9. AGE last birthday 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mervin Gross
14. MOTHER'S MAIDEN NAME: Evelyn Parrow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Lawrence Jones - Ches. Beach, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 44 ?? (A) Cerebral hemorrhage

ANTECEDENT CAUSE (S) DUE TO (B) Hypertension c.v.d.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on 10/19, 1954, and that death occurred at 8 35 P M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS [signature] DATE SIGNED 10/21

23. (BURIAL,) CREMATION, REMOVAL (SPECIFY) DATE THEREOF 10-22-54 NAME OF CEMETERY OR CREMATORY St Edmonds LOCATION (City, town, or county) Calvert (State) Md

DATE REC'D BY LOCAL REGISTRAR 10-21-54 REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Sewell Prince ADDRESS Frederick Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

OCT
UREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09223

CERTIFICATE OF DEATH

09223

Reg. Dist. No. 51

Item 12 FilmG172 11-5-54 et

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick
LENGTH OF STAY (in this place) 15 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE (Maryland) + D.C. COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Md Ave. N.E Wash
STREET ADDRESS (If rural give location) North Beach Md.

3. NAME OF DECEASED: (Type or Print) (First) Mr Steve (Middle) M (Last) Mamthon

4. DATE OF DEATH: (Month) Oct. (Day) 9 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 15, 1894
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Greece
12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 578-20-6849
17. INFORMANT & ADDRESS: Mrs. Kelly Ann N. Beach m

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Myocarditis
DUE TO
(c)

Interval Between Onset And Death 2 hrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Taken sick rushed to Hospital & died in 10 m

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) N. Beach (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19.... to ....., 19...., that I last saw the deceased alive on ....., 19...., and that death occurred at 9:30 pm, from the causes and on the date stated above.

SIGNATURE H. W. Ward (Degree or title) D M Z ADDRESS Owing Md DATE SIGNED 10/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10/22/54
NAME OF CEMETERY OR CREMATORY GLENWOOD
LOCATION (City, town, or county) (State) WASHINGTON D.C.

DATE REC'D BY LOCAL REGISTRAR 10/19/54
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR Chambers Wash DC ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

DEC 22 1954

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11329

09224

CERTIFICATE OF DEATH

Reg. Dist. No. ..

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Solomons
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Solomons
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Gregg (Middle) Lochen (Last) McLean
4. DATE OF DEATH: (Month) 10 (Day) 26 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Feb 27. 1949
9. AGE last birthday: 5 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pressman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hamilton Missouri
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Eugene McLean
14. MOTHER'S MAIDEN NAME: Margery Malter Curnutt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Eugene McLean

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Crushed chest
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Bank caved in on limit dog

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) House
(CITY OR TOWN) Solomons (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) 10 (Day) 26 (Year) 54 (Hour) 58 m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? Bank fell in

22. I hereby certify that I attended the deceased from ....., 19...., to ....., 19...., that I last saw the deceased alive on ....., 19...., and that death occurred at 5 pm from the causes and on the date stated above.
SIGNATURE Howard (Degree or title) McE ADDRESS Owing Md DATE SIGNED 10/26/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10/30/54
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington (State) Virginia
DATE REC'D BY LOCAL REGISTRAR 12/20/54
REGISTRAR'S SIGNATURE H Howard
24. FUNERAL DIRECTOR Robinson ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Cabinet Co Health Dept
Prima, Fundusk Ned

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09225 09224

CERTIFICATE OF DEATH

Reg. Dist. No. 51

Item 9, FilmG172 11-5-54 et

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick
LENGTH OF STAY (in this place) 17 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Island Creek
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Perry (Last) Ross

4. DATE OF DEATH: (Month) October (Day) 26 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: October 30 1884
9. AGE last birthday: 69 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Island Creek, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James T. Ross
14. MOTHER'S MAIDEN NAME: Elizabeth Blunt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: No
17. INFORMANT & ADDRESS: Mrs James P. Ross Island Creek, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) — Heart failure — Auth. nephritis (?)
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — Chronic passive congestion
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/22, 1954, to 10/26, 1954, that I last saw the deceased alive on 10/26, 1954, and that death occurred at 7:15 am from the causes and on the date stated above.
SIGNATURE (Degree or title) Ed Williams M.D. — ADDRESS St Leonard DATE SIGNED 10/26.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 29 1954
NAME OF CEMETERY OR CREMATORY Waters Memorial
LOCATION (City, town, or county) Calvert County (State) Md
DATE REC'D BY LOCAL REGISTRAR 10-28-54
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR A. A. Hackness & Son — ADDRESS Mutual, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09225

09226 CERTIFICATE OF DEATH Reg. Dist. No. 52

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick; MARYLAND LENGTH OF STAY (in this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake Beach Md; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) Rose (Last) Slaughter

4. DATE OF DEATH: (Month) Oct (Day) 12 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 1 1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Railroad Agent

11. BIRTHPLACE (State or foreign country): Philadelphia

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: George H. Slaughter

14. MOTHER'S MAIDEN NAME: Eliza Ann Buckmaster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-10-9037

17. INFORMANT & ADDRESS: Mr William Slaughter, Chesapeake Beach Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured Skull DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Diabetes DUE TO

(c)

Interval Between Onset And Death: (a) 36 hrs; (b) 4 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fell and hit head on road

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident; PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) Home; (CITY OR TOWN) Chesapeake Beach; (COUNTY) Calvert; (STATE) Md

TIME OF INJURY (Month) 10 (Day) 11 (Year) 54 (Hour) 6 p.m.; INJURY OCCURED While at Work ☐ Not While At Work ☒; HOW DID INJURY OCCUR? Fell

22. I hereby certify that I attended the deceased from ..... 19 ..... to ..... 19 ....., that I last saw the deceased alive on ..... 19 ....., and that death occurred at 8 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Richard O Lee; ADDRESS Owings Md; DATE SIGNED 10/14/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 10/15/54; NAME OF CEMETERY OR CREMATORY Congressional; LOCATION (City, town, or county) (State) Wash D C

DATE REC'D BY LOCAL REGISTRAR Oct. 15, 1954; REGISTRAR'S SIGNATURE Grace L. Hutchins

24. FUNERAL DIRECTOR Wm H. Hutchins; ADDRESS Owings Md.

VS. A15

09226

09227

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Edward (Last) Smith

4. DATE OF DEATH (Month) Oct (Day) 27 (Year) 1954

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1866
9. AGE last birthday 88 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oysterman
10b. KIND OF BUSINESS OR INDUSTRY Oyster
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David Smith
14. MOTHER'S MAIDEN NAME Martha Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS William W. Smith - Lusby Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Degeneration

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility

(c)

INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓
(CITY OR TOWN) ✓ (COUNTY) ✓ (STATE) ✓
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ ✓
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from Oct 24, 1954, to ....., 19....., that I last saw the deceased alive on 10/24, 1954, and that death occurred at P m., from the causes and on the date stated above.

SIGNATURE E. S. Coster (Degree or title) M. D. ADDRESS Solomons, Md DATE SIGNED 10/27/54

23. BURIAL, CREMATION REMOVAL (Specify) DATE 10/30/54 NAME OF CEMETERY OR CREMATORY St. Johns Church LOCATION (City, town, or county) Lusby - Md (State)

DATE REC'D BY LOCAL REG. 10/27/54 REGISTRAR'S SIGNATURE Dr. E. S. Coster
24. FUNERAL DIRECTOR Pinky Sewell - Fr Frederick, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09228 **CERTIFICATE OF DEATH** 09227

Reg. Dist. No. 52

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barstow
LENGTH OF STAY (in this place) 19 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barstow Md.
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Nannie (Middle) Rebecca (Last) Stinnett
4. DATE OF DEATH: (Month) Oct (Day) 21 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Feb 5. 1895
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Parkers Creek Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sutton J. Fowler
14. MOTHER'S MAIDEN NAME: Jennie Betters

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mr. Warren O. Stallings. Barstow Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

442 X

Immediate cause (a) Hyperbasic cardio vascular renal disease

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/14, 1949, to 10/21, 1954, that I last saw the deceased alive on 10/21, 1954, and that death occurred at 11 P.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) [signature] ADDRESS Hemingtown Md DATE SIGNED 10/23/54

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF Oct 24, 1959
NAME OF CEMETERY OR CREMATORY St Paul
LOCATION (City, town, or county) Prince Frederick (State) Md

DATE REC'D BY LOCAL REGISTRAR Oct. 24, 1954
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR Wm H. Hutchins ADDRESS Owings Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

OCT 20 1
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09228

09229

CERTIFICATE OF DEATH

Reg. Dist. No. 57

1. PLACE OF DEATH:
COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Prince Frederick
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Adelina
STREET ADDRESS (If rural give location) Prince Frederick.

3. NAME OF DECEASED: (Type or Print) (First) Andrew (Middle) (Last) Thomas

4. DATE OF DEATH: (Month) 10 (Day) 25 (Year) 19 54

5. SEX: M.

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Oct 12 1878

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Nite Watchmen

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Thomas

14. MOTHER'S MAIDEN NAME: Margaret Parker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Ethel Thomas 3833 N 18th St Phila Pa.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Senility arterio-sclerosis

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/19, 19 54, to 10/25, 19 54, that I last saw the deceased alive on 10/25, 19 54, and that death occurred at ..... , from the causes and on the date stated above.

SIGNATURE (Degree or title) R.D. Williams M.D. ADDRESS St Leonard. DATE SIGNED 10/26/54

23. (BURIAL,) CREMATION, REMOVAL (Specify)

DATE THEREOF 10-28-54

NAME OF CEMETERY OR CREMATORY Carrolls

LOCATION (City, town, or county) (State) Barstow Md

DATE REC'D BY LOCAL REGISTRAR 10-26-54

REGISTRAR'S SIGNATURE N. W. Ward

24. FUNERAL DIRECTOR P.C. Sewell Prince Fred. Md.

ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

OCT 27
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09229

09230 CERTIFICATE OF DEATH Reg. Dist. No. 57

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Barstow
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Barstow
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Augustus (Middle) Philander (Last) Tucker

4. DATE OF DEATH: (Month) Oct. (Day) 30, (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Dec. 12, 1873

9. AGE last birthday: 80 yrs.
IF UNDER 1 YEAR Months 10 Days 18
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Calvert Co. Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Tucker

14. MOTHER'S MAIDEN NAME: Annie Mute

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT & ADDRESS: Murphy Tucker - Barstow, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

4427
Immediate cause (a) Hypertensive cardiovascular disease

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/20, 1954, to 10/30, 1954, that I last saw the deceased alive on 10/30, 1954, and that death occurred at ..., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H. Weems M.D. Huntingtown 11/1/54

23. BURIAL, CREMATION, REMOVAL (Specify) Buried
DATE THEREOF Nov. 1, 1954
NAME OF CEMETERY OR CREMATORY Asbury Cemetery
LOCATION (City, town, or county) (State) Barstow - Calvert Co. Md.
DATE REC'D BY LOCAL REGISTRAR 11-1-54
REGISTRAR'S SIGNATURE H. W. Wark
24. FUNERAL DIRECTOR A. A. Hackney & Son Mutual, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09230

09231 **CERTIFICATE OF DEATH** Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick X
LENGTH OF STAY (in this place) 3 hrs. 20 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dunkirk X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Roberta (Middle) (Last) Watkins
4. DATE OF DEATH: (Month) Oct. (Day) 15 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: January 2, 1954
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 9 Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Watkins
14. MOTHER'S MAIDEN NAME: Mattie Randall
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

493X

Immediate cause (a) Pneumonia
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/14, 1954, to 10/15, 1954, that I last saw the deceased alive on 10/15, 1954, and that death occurred at 8:20 p.m., from the causes and on the date stated above.
SIGNATURE J. Deems (Degree or title) Mt ADDRESS Huntingtown Md DATE SIGNED 10/16/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Oct 17-54 NAME OF CEMETERY OR CREMATORY Mt Hope LOCATION (City, town, or county) Sunderland (State) Md
DATE REC'D BY LOCAL REGISTRAR 10-17-54 REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Frederick Md

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 19 1954
BUREAU V. S.